

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

1

2

3

4

5

6

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44

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46

47

48

49

50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

CLAIMS

IND

DEP

IND

DEP

IND

DEP

51

52

53

54

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63

64

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